Approved for use through 11/30/2011. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to res nd to a collection of information unless it displays a valid OMB control number Application Number Patent Number 7,227,684 POWER OF ATTORNEY Filing Date Issued: June 5, 2007 First Named Inventor Jian WANG REVOCATION OF POWER OF ATTORNEY METHOD AND SYSTEM FOR WITH A NEW POWER OF ATTORNEY Title PROVIDING BEAM POLARIZATION Art Unit 2872 CHANGE OF CORRESPONDENCE ADDRESS. **Examiner Name** L. Boutsikaris Attorney Docket No. 638772013000 I hereby revoke all previous powers of attorney given in the above-identified application A Power of Attorney is submitted herewith. X I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent 25226 and Trademark Office connected therewith: OR I hereby appoint Practitioner(s) named below as my/our altorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Tradomark Office connected therewith. Registration Practitioner(s) Name Registration Practitioner(s) Name Number Number Please recognize or change the correspondence address for the above-identified application to The address associated with the above-mentioned Customer Number: OB The address associated with Customer Number Firm or Individual Name Address Zip State Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Applicant or Assignee of Record Signature Date HUG14 2011 Name Perry Karsen Telephone Title and Company President, Abraxis BioScience, LLC NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below" x *Total of

forms are submitted.